

FORM A

Use for:

Initial licensure in the State of Texas

Upgrade current license to LMSW, LMSW-AP or LCSW

Specialty recognition: Independent Practice Recognition
(LBSW or LMSW)

Budget #ZZ131

Fund # 165

#: _____

\$: _____

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS APPLICATION FORM FOR LICENSURE/UPGRADE/SPECIALTY RECOGNITION

PLEASE PRINT OR TYPE: (Full name must match drivers license)

Title (circle one): Mr. Ms. Dr. Prof. Other_____

Last_____First_____Middle_____

Social Security No.:_____Date of Birth: _____

Home Address: Street/P.O. Box_____City_____State_____ZIP_____

Home Phone No.: _____

Employer: _____Supervisor_____

Business Address: Street/P.O. Box_____City_____State_____ZIP_____

Business Phone No.:_____Ext._____

Send mail to: _____Home Address _____Business Address (Home address will be default address if no box is checked)

Your mailing address will appear on the TSBSWE social worker roster (on website) and on-line license verifications.

New Licensure Requested: _____ Licensed Baccalaureate Social Worker _____ Licensed Master Social Worker
_____ Licensed Master Social Worker - Advanced Practitioner _____ Licensed Clinical Social Worker

Upgrade of LMSW Requested: _____ LMSW - Advanced Practitioner _____ Licensed Clinical Social Worker

Upgrade of LBSW requested: _____ LMSW

Independent Practice Recognition requested: _____ LMSW/LBSW (only)

If applying for an upgrade of current licensure or the specialty recognition of independent practice, indicate current licensure held (i.e. LBSW, LMSW, LMSW-AP, LCSW): _____, License number: _____.

Endorsement is available to persons who are currently licensed and in good standing with a social worker licensing board in another state or jurisdiction. I am requesting that the board consider (check all that apply) _____ examination scores _____ supervised non-clinical experience _____ supervised clinical experience (Form II, Verification of Licensure in Other Jurisdiction, must be submitted to the Board)

Education (An original transcript verifying qualifying degree from an accredited institution must be sent to the TSBSWE office.)

If you are already licensed with the board and you are applying for an upgrade or specialty recognition and your qualifying transcripts are on file, you do not need to resubmit another copy.

| INSTITUTION | LOCATION | DATES ATTENDED | MAJOR | DEGREE | NAME ON TRANSCRIPT |
|-------------|----------|----------------|-------|--------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Below, list the names and addresses of three individuals familiar with your professional qualifications (Professional references).*

| NAME | ADDRESS |
|------|---------|
| | |
| | |
| | |

*LBSW or LMSW applicants may include the name of social work faculty advisor and your field instructor.

1. Have you ever been convicted, pled guilty, or pled no lo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations?..... Yes____ No____
2. Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? Yes____ No____
3. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? Yes____ No____
4. Are charges pending against you for any of the above?..... Yes____ No____
5. Have you had a professional license or certification denied, probated, suspended, or revoked? Yes____ No____

“Please note: Applicants must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.” If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement. Additional information may be requested.

6. I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes____ No____

List all professional licenses or certifications that you have held within the last 10 years.

| Professional License Held/Expiration Date | License Number | Issuing Board / State |
|---|----------------|-----------------------|
|---|----------------|-----------------------|

| Professional License Held/Expiration Date | License Number | Issuing Board / State |
|---|----------------|-----------------------|
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AFFIDAVIT

I hereby certify that I have accessed and read a copy of the laws and regulations pertaining to social work licensing in the state of Texas.

(A copy of the Social Work Practice Act and the board’s rules may be accessed at the board’s website:

www.hhsc.state.tx.us/socialwork. A printed copy may be obtained by contacting the board.) I understand that I must observe and comply with all applicable laws and rules, including a code of conduct and standards of practice set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

Signature of Applicant

Date

- _____ Enclosed is the **\$91** fee (\$5 OPP; \$6 Texas on-line; \$20 application and \$60 licensing fees) for LBSW or LMSW
- _____ Enclosed is the fee for LMSW-AP or LCSW **\$111** (\$5 OPP; \$6 Texas on-line; \$20 application and \$80 licensing fees)
- _____ Enclosed is the **\$20** application fee for upgrade from LBSW to LMSW or from LMSW to LMSW-AP or LCSW
- _____ Enclosed is the **\$20** application fee for independent practice recognition.

Mail To:

Texas State Board of Social Worker Examiners
P.O. Box 12197, Capitol Station
Austin, TX 78711-2197

Revised 4/11



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)